



Session Preparation Form

Your Name:

Today's Date:

Where you are right NOW, on a scale of 1-10 in each of these areas:
(Remember: 5 is 'neutral', below 5 area = not working, above 5 area = working)

Spiritual Health/Practice:

Mental State:

Emotional Support:

Physical/Health:

Relationship/Family:

Home/House:

Purposeful Work:

Play/Spontaneity:

Creative Expression:

Friends:

Feelings of Abundance:

Other _____:

Your greatest accomplishments/realizations since your last appointment:

Did you complete the home practice exercises and plan?

Where did you complete this plan (home, work, gym, etc.)?

Degree of success? None Somewhat Acceptable Very good Excellent

Subjective value of session? _____ (1 to 7, poor to excellent)

Did you record data? YES NO

Did you do any self-observation (e.g., your exhale)? If so, what was it and what did you learn?

What new breathing behaviors did you work on? If so, what were they, and what did you do?

What did you learn about your symptoms, deficits, or complaints and how they might be related to your breathing?

Did you challenge yourself? If so, what were the specific challenges, and how did you do?

Did you work on any emotions associated with breathing (e.g., fear), if any? What did you learn?

How would you evaluate your breath practice since our last session:

Challenges/Opportunities you feel you are facing right now:

What you would like to work on during our next session: